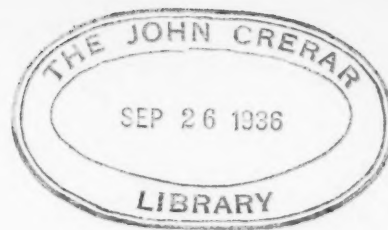


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THE



Child

Monthly News Summary

JULY

1936

Volume 1

Number 1

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WASHINGTON, D. C.

THE CHILD

MONTHLY NEWS SUMMARY

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CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

THE CHILD - Monthly News Summary

Vol. 1, No. 1

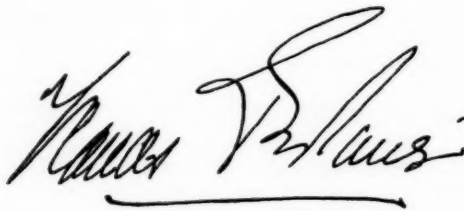
July 1936

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FOREWORD

It is the purpose of this publication, the successor of the Child-Welfare News Summary formerly issued in mimeographed form, to provide a regular means of communication between the Children's Bureau and those who in their own States and communities are striving to establish a more adequate basis for child life. To the extent to which truly cooperative and democratic methods of achieving a common objective in terms adapted to individual differences can be developed in this country, the purpose of the founders of America will be realized. The health and welfare of the children have the first claim for service in such cooperative undertakings.

A handwritten signature in dark ink, appearing to read "James C. McLaughlin". The signature is written in a cursive style with a horizontal line underneath the name.

Secretary of Labor.



THE CHILD — MONTHLY NEWS SUMMARY

Volume 1, Number 1

July 1936

THE SOCIAL SECURITY PROGRAM FOR CHILDREN

The Children's Bureau is entrusted with the administration of three services for children under the Social Security Act. These provide Federal aid to the States for promoting maternal and child health, corrective care and related services for crippled children, and child welfare. Their purpose is to extend and improve services for mothers and children, especially in rural areas, in areas suffering from severe economic distress, and among groups in special need. The Social Security Board is responsible for the administration of that section of the Act which seeks to provide, in cooperation with the States, financial assistance to needy dependent children in their own homes. Federal aid for general public-health services is authorized in still another title, administered by the United States Public Health Service.

Within the Children's Bureau each part of the program has been placed under the immediate direction of a division set up for this purpose. The Maternal and Child-Health Division and the Crippled Children's Division are directed by physi-

cians and the director of the Child-Welfare Division is a social worker.

By June 30, 1936, State plans for maternal and child-health had been approved for 46 States and for Alaska, the District of Columbia and Hawaii. Plans for services to crippled children had been approved for 36 States, Alaska, and the District of Columbia; and plans for child-welfare services for 33 States and the District of Columbia.

In this issue, Dr. Albert McGown, Director of the Maternal and Child-Health Division, describes the development of the services for maternal and child-health under the Social Security Act. In subsequent issues, Dr. Robert C. Hood, Director of the Crippled Children's Division and Mary Irene Atkinson, Director of the Child-Welfare Division, will describe the services under the administration of their divisions.

Katharine F. Leuroot

PART I - MATERNAL AND CHILD-HEALTH SERVICES

By Albert McCown, M.D., Director,
Maternal and Child-Health Division, Children's Bureau

A conference of State directors of maternal and child-health divisions was held in Washington under the auspices of the Children's Bureau on June 6 and 7. It was reported at the conference, which brought together representatives from 45 States, Alaska, Hawaii, and the District of Columbia, that every State and Territory had submitted a plan for maternal and child-health services under the Social Security Act, and that in the majority of States, directors and staff members had already been appointed.

The general spirit of the conference and the reports of progress made in extending maternal and child-health services and initiating special projects were encouraging indications of the enthusiasm with which the maternal and child-health program is being developed in the States.

Provisions of the Act

The section of the Social Security Act providing for Federal aid to States for maternal and child-health services is title V, part 1. This authorizes an annual appropriation of \$3,800,000 "for the purpose of enabling each State to extend and improve, as far as practicable under the conditions in such State, services for promoting the health of mothers and children, especially in rural areas and in areas suffering from severe economic distress," and states that "the sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Chief of the Children's Bureau, State plans for such services."

Allotments to the States from this appropriation are made by the Secretary of Labor under Section 502 of the Act. An initial sum of \$20,000 is available for each State and Territory. An additional allotment is available based on the ratio of live births in the State to the total number of live births in the United States. These funds must be matched equally by

State or local funds. A further allotment may be made without matching of funds, according to the need of the State for financial assistance in carrying out its State plan, the number of live births in the State being taken into account.

The Act requires that State plans be administered or supervised by a State agency and that they provide for the extension and improvement of local maternal and child-health services administered by local health units. Through correspondence and visits of field consultants the Children's Bureau is emphasizing that Federal grants are to be considered not as substitutes for State and local funds but as grants for supplementing the maternal and child-health activities of the State and local communities.

State Plans

Of the 51 plans submitted, 49 had been approved and were in operation by June 30, 1936. One was to go into operation early in the new fiscal year, and the remaining one was delayed by legal complications.

The State plans for maternal and child-health services vary widely. As health needs and health facilities in the several States differ, so must the measures to meet these needs differ. The nature of the program in a local community depends largely on two factors: financial resources and awareness of child-health needs. In practically all the plans, emphasis has been placed on the development of certain minimal health facilities for mothers and children who are otherwise unable to procure such services.

Local plans for maternal and child-health services are being made by local health units with the assistance and co-operation of local physicians; programs are being carried out under medical direction; in many States leading pediatricians and obstetricians have consented to act in

a part-time capacity, assisting State officials in the formulation and operation of the program. In respect to personnel and programs, there has been made available to State agencies the revised plan for development of maternal and child-health programs adopted by the State and Territorial Health Officers in conference at the Children's Bureau on April 15, 1936. This not only outlines local programs for health services for mothers and children but states in detail the qualifications recognized as adequate for the medical director and staff, nursing personnel, and special staff in nutrition, mouth hygiene, health education, mental hygiene, and posture training for a State division of maternal and child health.

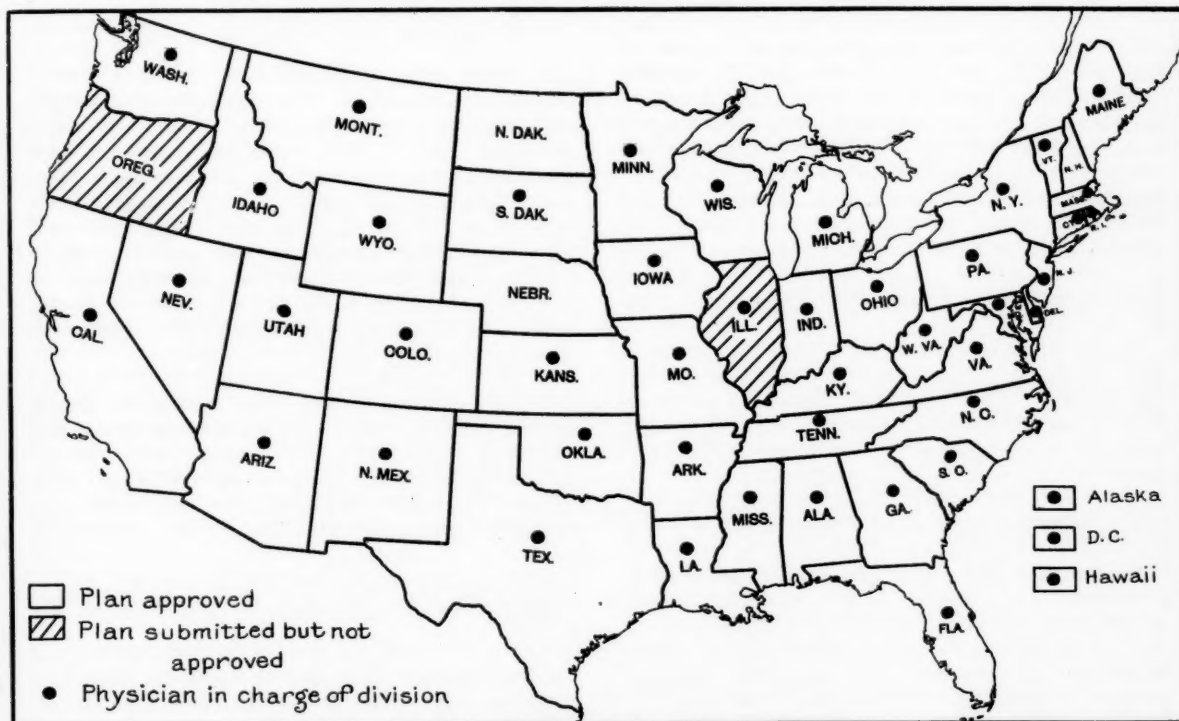
State Divisions of Maternal and Child Health

Definite progress has been made in

the establishment of divisions of maternal and child health in the State health departments and the appointment of qualified physicians to the staffs of these divisions. In June 1934 there were 31 States with divisions of maternal and child health in the State health departments, but in only 22 of these were the directors on a full-time basis.

By June 1936 the plans which had been submitted by all the 51 States and Territories provided for the establishment of bureaus or divisions of maternal and child health as major divisions of the State health department under physicians as directors. In only 4 States the director had not yet been appointed. Of the recent appointees as directors of maternal and child health the great majority are either pediatricians or obstetricians or physicians with training in both pediatrics and obstetrics, and, in a number of cases, in public-health administration.

States with Approved Plans for Maternal and Child-Health Services, and States Having Physicians in Charge of Division, June 30, 1936



Public-Health Nursing under State Plans

Public health nursing activities in State health departments are usually administered through a separate unit under the direction of a supervising nurse. Frequently the nursing unit is in the division of maternal and child health. In other instances the supervisor and her assistant are in the administrative division, working directly under the State health officer. Among the public-health nurses appointed there are a number of Negroes.

The plans show that the function of the State public health nursing staff is usually advisory and consultative to the nursing service in local health departments. It includes offering recommendations for personnel, planning services and assisting in establishing standards of performance, by means of staff conferences and meetings of supervisors. In some States nursing assistance to physicians in home deliveries is being planned for rural areas where there is a particular need.

State consultants have given advice in the selection of public-health nurses who are to be granted stipends for further professional education. Among the factors considered in making such selections were the needs of the particular agency or community which the nurse represents, her qualities of leadership and general aptitude, as well as the type and quality of educational resources available.

Nutrition Programs in State Plans

In some of the State plans activities are outlined in the important field of nutrition. The need for greater service with respect to problems of nutrition is generally appreciated, and specific programs will be developed gradually.

Educational Programs in State Plans

Many of the approved plans make some provision for staff training which would be available for both the medical members of the staff and nurses. Educational services to local physicians also are contemplated in many States through institutes, postgraduate courses, and other means of

keeping the physicians in touch with the latest medical developments in obstetrics and pediatrics.

Obstetric lectures. A syllabus of lectures containing material used by the leading obstetricians of the country for postgraduate work in obstetrics is being prepared by the Bureau's field consultant in maternal welfare. This syllabus will cover the following subjects: Prenatal care and toxemias of pregnancy, conduct of labor and postpartum care, obstetric hemorrhage, operative obstetrics, and puerperal infections.

The material has been selected with reference to the special needs of the general practitioner and the practical problems that he encounters in either home or hospital practice. The syllabus will be available to all health departments wishing it for use in their obstetric lecture courses. It is contemplated that these lectures will be accompanied by motion-picture films, which may be borrowed from the Children's Bureau or may be purchased by the State departments of health. These lecture courses are to be given in cooperation with the State medical society.

Pediatric lectures. A similar syllabus of material for pediatric lectures is being planned, including care of the newborn infant with special emphasis on care of the prematurely born infant, infant feeding, prevention of the communicable diseases of childhood, prevention of the deficiency diseases and other nutritional disorders, physical appraisal of the infant, preschool child, and child of school age, and tuberculosis and congenital syphilis.

In addition, definite plans are being made in many States for education of the public, students, and school children in child health and maternal care. Physicians, nurses, and other professional leaders will take part in these programs.

Dental-Hygiene and Health-Education Programs in State Plans

The State plans for maternal and child-health services include in many instances provision for dentists, dental hygienists, and health educators. A number

Payments to States under the Social Security Act for
Maternal and Child-Health Services Authorized by the Secretary of Labor
for the Period February 1 - June 30, 1936

State	Plan approved	Payments authorized to States (Feb. 1-June 30)	State	Plan approved	Payments authorized to States (Feb. 1-June 30)
Alabama	3-7-36	\$45,100.68	Missouri	3-30-36	\$20,875.00
Alaska	3-30-36	6,364.06	Montana	3-20-36	15,338.09
Arizona	4-7-36	18,261.58	Nebraska	3-21-36	9,400.00
Arkansas	3-7-36	30,768.94	Nevada	5-11-36	16,428.95
California	4-3-36	39,689.32	New Hampshire	3-18-36	11,975.67
Colorado	5-21-36	7,421.71	New Jersey	4-25-36	13,566.67
Connecticut	2-17-36	20,139.85	New Mexico	2-21-36	28,873.41
Delaware	4-2-36	7,747.00	New York	2-17-36	78,579.19
District of Columbia	4-11-36	14,522.80	North Carolina	4-3-36	50,121.32
Florida	3-3-36	26,324.17	North Dakota	6-15-36	7,132.56
Georgia	4-9-36	59,638.63	Ohio	3-14-36	22,010.00
Hawaii	3-10-36	8,343.33	Oklahoma	4-7-36	18,176.45
Idaho	3-14-36	15,752.38	Oregon		
Illinois			Pennsylvania	6-1-36	63,371.66
Indiana	5-20-36	20,573.19	Rhode Island	4-7-36	8,396.67
Iowa	4-8-36	26,224.43	South Carolina	3-24-36	34,128.68
Kansas	2-17-36	25,260.83	South Dakota	2-17-36	16,833.50
Kentucky	3-6-36	28,898.30	Tennessee	3-24-36	35,448.49
Louisiana	3-25-36	31,485.36	Texas	3-30-36	42,001.66
Maine	2-17-36	19,496.95	Utah	6-30-36	10,610.50
Maryland	3-10-36	19,788.52	Vermont	5-19-36	14,250.34
Massachusetts	2-17-36	28,444.22	Virginia	4-8-36	34,627.34
Michigan	3-5-36	37,995.54	Washington	2-17-36	23,794.12
Minnesota	2-19-36	21,732.00	West Virginia	2-17-36	27,763.34
Mississippi	3-18-36	51,000.44	Wisconsin	3-7-36	25,982.91
			Wyoming	3-6-36	9,183.78

of the States are appointing to the staffs of their maternal and child-health divisions physicians who will consult with the department of public instruction in matters affecting the health of school children, and especially regarding the curriculum of health education in teacher-training courses and school textbooks. Obviously the success of such a program will depend on the professional ability, personality, and adaptability of the physicians or other professional workers appointed.

Demonstration Services under State Plans

Demonstration services as formulated in State plans cover a wide range of activities, such as maternal-health education; prenatal, delivery, and postpartum

nursing care; special nutrition or dental programs; child-health projects with special groups of children or groups in special need.

A mobile tuberculosis unit in Arizona is to give diagnostic and advisory service for children referred to it.

In California a demonstration in maternal and child health will be undertaken among the Mexican population, employing Spanish-speaking physicians and nurses. An additional demonstration in that State will attempt to protect the health of mothers and children among groups of migratory agricultural workers. Public-health nurses will be assigned to accompany these groups as they move about.

The plan submitted by the Indiana Division of Public Health provides for demonstration work in the field of dental hygiene, comprising dental inspection, repair, and restoration. This program has been accepted by the State Dental Association, which is eager to participate.

In a Maryland county where there are many Negroes and the infant and maternal death rates are high and where 50 percent of the births are attended by midwives, two public-health nurses will be employed to supervise the work of the midwives and develop closer cooperation with physicians.

In Oklahoma a generalized health program with emphasis on maternal and child-health and child-welfare services for Indian children will be undertaken through the cooperation of the Oklahoma State Health Department, the United States Public Health Service, the Office of Indian Affairs, and the United States Children's Bureau. This demonstration is a joint Federal and State program intended ultimately to serve as an observation center for others working among Indian children.

Field Work of the Children's Bureau

The field work of the Maternal and Child-Health Division of the Children's Bureau is carried on by a special field consultant in obstetrics, by four regional medical consultants, by a small staff of public health nursing consultants, and by a consultant in nutrition.

The medical field consultants are available to give consultation service to

State health officers and directors of divisions of maternal and child health in the preparation of their plans and budget forms for submission to the Children's Bureau. The public health nursing consultants will assist divisions of public-health nursing or maternal and child health in the development of the maternal and child-health aspects of the general public health nursing program and will emphasize especially the staff-education programs. The activities of the Public Health Nursing Unit of the Children's Bureau are closely integrated with those of the Maternal and Child-Health Division and the Crippled Children's Division.

In the field of nutrition, in order to aid the State divisions of maternal and child health and public-health nursing in initiating and developing a good program, the Children's Bureau has added to its staff a nutritionist who is familiar with many of the State and local problems.

Future Developments

During the initial period of 5 months which concluded June 30, plans for maternal and child-health services were put into actual operation in nearly every State. With the beginning of the new fiscal year on July 1, the program entered upon its first full year of operation. Although it is still much too early for an evaluation of results the progress of this Nation-wide program of cooperation in the interests of maternal and child health justifies confidence in the fruitfulness of the matured plans in terms of improved health conditions among mothers and children, especially in rural and needy areas.



MAY DAY -- CHILD-HEALTH DAY

At the request of the State and Provincial Health Authorities of North America, the Children's Bureau this year took over the development of plans for the observance of May Day - Child-Health Day, which had been sponsored by the recently dissolved American Child Health Association in previous years.

Activities this year were centered on the social-security program for children, with special emphasis on the child-health phases, under the slogan, "Health and Security for Every Child."

The proclamation of the President, issued April 13, 1936, urged all agencies "concerned with the health and welfare of children, to study the plans for Federal, State, and local cooperation in promoting the health and security of children, and to make arrangements for carrying their benefits to the children in every county in the United States."

May-Day chairmen for the States, appointed by the State health officers, were asked to include on the planning committees the State officials administering the maternal and child-health services, the services for crippled children, the extension of child-welfare services, and the

aid for dependent children under the State-Federal program.

In spite of the fact that there were only a few weeks for the development of programs, the response of the States was excellent. The Governors of 22 States and Hawaii issued Child-Health Day proclamations, and a number of States reported program activities, newspaper publicity, and radio talks.

In Wisconsin summaries of the security services for children were given widespread circulation. In West Virginia "Suggested Programs for Child-Health Celebrations" for schools and women's clubs were prepared in mimeographed form by the State health department. This material included addresses, recitations, a one-act play for high-school children or adults entitled "When Germs Get Together" and two plays for younger children.

The Texas State Health Department reported that releases on May Day were carried by 142 newspapers, more than 120 speeches were delivered, 22 radio programs broadcast, and 46 local conferences held on the security program for children. Programs for May-Day exercises were sent out to 400 county and city health officers.



BOOK AND PERIODICAL NOTES

ADVANCING THE HEALTH AND WELFARE OF THE NATION'S CHILDREN THROUGH FEDERAL AND STATE COOPERATION, by Katharine F. Lenroot. Milbank Memorial Fund Quarterly, vol. 14, no. 2 (April 1936). 12 pp. Reprints available from the Children's Bureau, Washington, D.C.

A BRIEF EXPLANATION OF THE SOCIAL SECURITY ACT. Informational Service Circular No. 1. Social Security Board, Washington, April, 1936. 13 pp.

CONDITIONAL GRANTS TO THE STATES, by Bryant Putney. Editorial Research Reports, Washington, D.C., vol. 1, no. 6 (February 11, 1936).

Discusses the possible unconstitutionality of the grants-in-aid system, the growth of Federal aid during the depression, and gives arguments for and against Federal subsidies.

THE FEDERAL SOCIAL SECURITY ACT, by Barbara Nachtrieb Armstrong. American Bar Association Journal, vol. 21, no. 12 (December 1935), pp. 786-789, 792-797.

GRANTS TO STATES FOR MATERNAL AND CHILD WELFARE UNDER THE SOCIAL SECURITY ACT. Maternal and Child Welfare Bulletin No. 1. Children's Bureau, 1935. 20 pp.

The purpose and administration of each of the three services administered by the Children's Bureau is summarized, with requirements for State plans, amounts available to States and methods of payment. The text of title V, parts 1, 2, and 3, relating to these services is quoted, and a tabular summary of the provisions is given.

HEALTH UNDER THE SOCIAL SECURITY ACT, by Edgar Sydenstricker. Social Service Review, vol. 10, no. 1 (March 1936), p. 12.

A review by the Director of the Milbank Memorial Fund of the studies made by the Committee on Economic Security and of the committee's recommendations (Report to the President, January 15, 1935), with outline of the recommendations carried into effect under the Social Security Act.

LABOR AND ECONOMIC SECURITY, by John Gilbert Winant. Annals of the American Academy of Political and Social Science, vol. 184 (March 1936), pp. 99-106.

MATERNAL AND CHILD-WELFARE PROVISIONS OF THE SOCIAL SECURITY ACT, by Katharine F. Lenroot. Law and Contemporary Problems, School of Law, Duke University, vol. 3, no. 2 (April 1936), 10 pp. Reprints available from the Children's Bureau, Washington, D.C.

Part of a symposium entitled "The Old-Age Security and the Welfare Titles of the Social Security Act." Among other contributors are C. C. Carstens, on aid to dependent children in their own homes; Edgar Sydenstricker on the public-health program; R. B. Irwin and E. C. McKay on provisions for the blind; and F. K. Hoehler on public-welfare administration under the Act.

MAY DAY - CHILD-HEALTH DAY; HEALTH AND SECURITY FOR EVERY CHILD THE 1936 SLOGAN, by Katharine F. Lenroot, Children's Bureau, Washington, 1936. 5 pp. Mimeographed.

SOCIAL SECURITY IN THE UNITED STATES; AN ANALYSIS AND APPRAISAL OF THE FEDERAL SOCIAL SECURITY ACT, by Paul H. Douglas. McGraw-Hill Book Co., New York, 1936. 384 pp.

SOCIAL SECURITY HERE AND ABROAD, by Frances Perkins. Foreign Affairs, vol. 13 (April 1935), pp. 373-387.

STATISTICAL IMPLICATIONS OF THE SOCIAL SECURITY PROGRAM, by Meredith B. Givens. Journal of the American Statistical Association, vol. 30, no. 192 (December 1935), pp. 651-661.

SOCIAL SECURITY -- 1936 MODEL, by I. M. Rubinow. Survey Monthly, vol. 72, no. 2 (February 1936), pp. 35-37.

This should be read in the light of Dr. Rubinow's book, The Quest for Social Security, published in 1934.

A more extensive bibliography on the social-security program, especially as it affects children, can be obtained upon request from the Children's Bureau, Washington, D.C.

MATERNAL, INFANT, AND CHILD HEALTH

NOTES ON INFANT MORTALITY

A summary of current information on infant mortality brings out certain facts of interest in regard to the infant mortality rates in general, neonatal rates, and the comparative rates among urban and rural infants and among white and colored infants.

This information is based on rates covering the birth-registration area which has been gradually expanding since 1915 when it was established. At that time only 10 States and the District of Columbia had the required completeness of registration. From year to year, more States were added as they passed satisfactory registration laws and were able to show at least 90 percent registration of births. Since 1933, when the last State was admitted, the birth-registration area has included the entire continental United States.

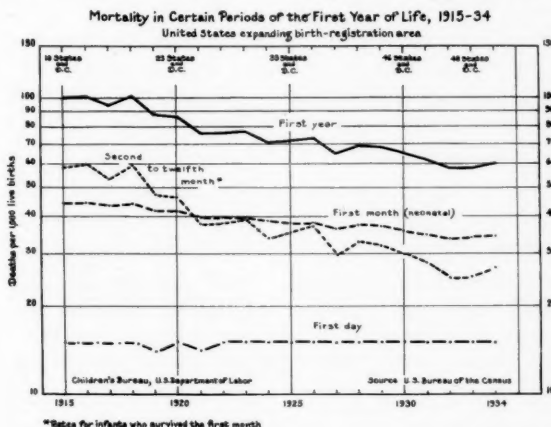
The Downward Trend

In 1915 and 1916, of every 1,000 infants born alive in the registration area, about 100 died before reaching one year of age. Since then there has been a fairly steady decrease in the infant-mortality rate, as shown by the "first-year" line on the accompanying chart. In only three isolated years has this progress been markedly arrested: in 1918 (the year of the influenza epidemic), in 1928, and again in 1934. The rates dropped every year from 1929 through 1932 when only 58 infant deaths occurred in every 1,000 live births. The 1932 rate is the best ever recorded in this country. In 1933 the downward trend was checked and in 1934 there was a definite increase to 60 per 1,000 live births. The figure for 1935 is not yet available.

Neonatal Rates for the Period

More than half of all infant deaths occur during the neonatal period (the first month of life). A slight downward trend appears in the neonatal mortality rate from 1915 to 1934 as the chart on mortality trends in certain periods of the first year of life shows, but none at all

appears in the rates for the first day of life. The largest decreases in mortality



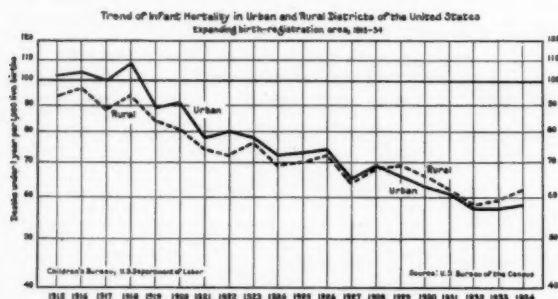
occurred among infants who had survived the first month of life. The great majority of neonatal deaths are due to natal and prenatal causes such as premature birth, injuries at birth, congenital malformations, and congenital debility. Prematurity is by far the most important of these, and the reduction of neonatal mortality is to a great extent a question of reducing mortality from premature birth.

Urban and Rural Rates

A comparison of the urban and rural infant-mortality rates for 1934 shows that the urban rate was 58 per 1,000 live births, and the rural rate was 62.

This difference in favor of the chances of survival of the urban infant appeared first in 1929, as shown on the chart on trend of infant mortality in urban and rural districts, and is a reversal of the picture presented by earlier figures. The attention that was formerly focused on the great loss of infant life in cities, and the organized activities for the reduction of infant mortality and the improvement of child health in cities during the past two decades, have played their part without doubt in the saving of city infants. In contrast, is the absence of attention to factors affecting infant mortality which has prevailed for the most

part in rural districts. The lives of more than 16,000 rural infants who died during the period 1929 to 1934 would have been saved, if the chances of survival for the rural infant had been equal to those for the city child.



The State plans for maternal and child-health services initiated during the past few months under the Social Security Act, however, are required under the terms

of the Act to show that they place especial emphasis on the needs of rural areas.

White and Colored Rates

The mortality rate for white infants fell from 99 per 1,000 live births in 1915 to 53 in 1932; that for colored infants fell from 181 to 86 during the same period. A slight rise was apparent in the rates for both white and colored infants in 1934; the 1934 rate for white infants was 55 per 1,000 live births, and that for colored infants was 94.

Although mortality rates for both white and colored infants have been cut almost in half during the period of record, the rate for colored infants remains much higher than that for white infants. Relatively high mortality rates are found among the colored in both urban and rural districts, and demonstrate the real need for special health work among the Negroes.

CURRENT RESEARCH

REGISTRATION OF STILLBIRTHS

With the cooperation of the Subcommittee on Stillbirths of the American Public Health Association and of individual hospitals, the Children's Bureau has under way a study of stillbirth mortality in hospitals.

The purposes of the study are (1) to obtain statistical information regarding fetal and maternal conditions associated with fetal mortality in hospitals; (2) to make possible the development of a classification of causes of stillbirth (fetal and maternal); and (3) to further the development of a special certificate for registration of stillbirths which will serve as a base for comparable statistics for the various States. The findings should provide a statistical basis for more effective efforts to reduce fetal and maternal mortality.

The study is being conducted in hospitals with large obstetric services. Two-hundred and fifty hospitals, situated in 55 cities in 26 States and the District

of Columbia, have agreed to cooperate in the study and send to the Children's Bureau special schedules for all stillborn infants of 20 weeks' or more gestation delivered in the hospital during the period of cooperation.

The study is an outgrowth of recommendations by the Subcommittee on Stillbirths presented to the American Public Health Association (see Yearbook, 1935-36, pp. 244-249) at Milwaukee in October 1935. The report of the subcommittee recommended for the approval of the Vital Statistics Section the following five points:

1. Uniform definition of live birth and stillbirth.
2. Uniform State laws requiring the reporting of stillbirths.
3. A standard certificate of stillbirth.
4. A list of terms to be used as a basis for reporting cause and for tabulating stillbirths.
5. Uniform joint-cause practice for the assignment of stillbirths.

BOOK AND PERIODICAL NOTES

A. Maternal and Infant Mortality

REPORT OF THE SUBCOMMITTEE ON STILLBIRTHS OF THE COMMITTEE ON ACCURACY OF CERTIFIED CAUSE OF DEATH. American Public Health Association Year Book, 1935-36. American Public Health Association, New York, 1936. pp. 244-249.

(For recommendations of the subcommittee, see page 14, under "Registration of Stillbirths.")

AMERICAN COMMITTEE ON MATERNAL WELFARE, Atlantic City, June 12, 1935. American Journal of Obstetrics and Gynecology, St. Louis, vol. 30, no. 6 (December 1935), 16 pp. Reprints available from the Children's Bureau.

A report of the work of the committee, with comments by the chairman and other physicians.

THE MATERNITY AND CHILD WELFARE MOVEMENT, by G.F. McGleary, M.D., D.P.H. King & Son, Ltd., London, 1935. 227 pp.

A history of the maternity and child welfare movement, this book outlines the progress that has been made in England in the protection of infant and maternal health during the past 50 years. Health visiting, the maternity and child-welfare center, prenatal care, protection of the unwanted or illegitimate baby, maternal and infant mortality, midwife legislation, and the health of the preschool child, are discussed.

NEONATAL MORTALITY - REVIEW OF 428 DEATHS, by Cornelius T. O'Connor, M.D. American Journal of Obstetrics and Gynecology, vol. 31, no. 5 (May 1936), pp. 872-878.

This thesis, presented for admission to fellowship in the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons, September 1935, analyzes stillborn and neonatal deaths in St. Elizabeth's Hospital, Brighton, Mass., 1927 to 1934. More than one-half of the 428 cases were private patients, the remainder being clinic cases, most of whom had had prenatal care. Chronic nephritis, toxemia of pregnancy, and separated placenta together caused 20 percent of the deaths; cerebral hemorrhage, 15 percent; monstrosities, nearly 10 percent; and prematurity, 8 percent.

A STUDY OF NEONATAL MORTALITY; based upon 120,726 consecutive deliveries at the Boston Lying-in Hospital from 1873 through 1934, by Stewart H. Clifford, M. D. Journal of Pediatrics, vol. 8, no. 3 (March 1936), pp. 367-374.

This recent study is submitted as a method of procedure for use in similar studies elsewhere. Tables and charts show the neonatal mortality rates by causes.

THE EVALUATION OF THE EFFECT UPON MORTALITY STATISTICS OF THE SELECTION OF THE PRIMARY CAUSE OF DEATH, by Halbert L. Dunn, M.D., Ph.D. Journal of the American Statistical Association, vol. 31, no. 193 (March 1936), pp. 113-123.

The chief statistician of the Division of Vital Statistics, Bureau of the Census, shows through special tables of multiple causes of death that however the primary cause of death is selected, important data will be omitted unless contributing causes are tabulated, and that a knowledge of death rates derived solely from the primary cause is necessarily incomplete.

THE INFLUENCE OF RESPIRATORY DISEASES ON THE INFANT MORTALITY RATE, by W.J.V. Deacon, M.D. Public Health, Michigan Department of Health, vol. 24, no. 3 (March 1936), pp. 43-50.

A paper read before the Michigan Academy of Science, Arts, and Letters, March 20, 1936, by the director of the Bureau of Records and Statistics of the Michigan State Department of Health. In the 30 years, 1905-34, the author states, the infant-mortality rate in Michigan decreased 66 percent. During this time there was no decrease in the infant-mortality rate from respiratory diseases. Dr. Deacon discusses the causes of respiratory diseases and possible preventive measures.

THE SIGNIFICANCE OF INFANT MORTALITY RATES, by Mayhew Derryberry and Edgar Van Buskirk. Public Health Reports, U.S. Public Health Service, vol. 51, no. 18 (May 1, 1936), pp. 545-551.

The authors conclude that annual infant-mortality rates for cities with less

than 450 registered births fluctuate too much from one year to the next to be of real significance as an index of conditions within the city. Rates computed on the basis of 2-year data for cities with registration of 200 to 450 births are sufficiently stable to be used with proper recognition of their limitations.

REPORT ON THE VITAL STATISTICS of the Dominion of New Zealand, for the year 1934. Census and Statistics Office, Wellington, N. Z., 1935.

The infant mortality rate per 1,000 live births in New Zealand in 1934 was 32.11 as compared with 31.64 in 1933. In the past 10 years, the rate of deaths in the age-group 1 to 12 months has been reduced by about one-third, but death rates for infants in the first month of life have shown little change.

The maternal-mortality rate for 1934 was 4.85 per 1,000 live births; with septic abortions excluded, 3.12.

B. Child Health

THE STORY OF THE AMERICAN CHILD HEALTH ASSOCIATION, by Philip Van Ingen, M.D. American Child Health Association (in liquidation), New York, 1936. 43 pp.

Dr. Van Ingen's account of the American Child Health Association is reprinted from the September-November 1935 issue of the Child Health Bulletin. It constitutes a historical record of the services and achievements of the association from its inception in 1909 to the special meeting on August 13, 1935, when a resolution was adopted to abandon the charter and to dissolve the corporation, transferring copyrights and existing stocks of health-education materials to the National Education Association.

TEAMWORK IN SCHOOL HEALTH EDUCATION, by Ann Whitney. Public Health Nursing, vol. 28, no. 6 (June 1936), pp. 367-371.

The School Health Education Service, of which Miss Whitney is the director, is an extension of the educational service of the former American Child Health Association, and is being administered this year by the Joint Committee on Health Problems in Education. The article discusses the teacher's contribution to health service, and the nurse as a teacher.

THE NEED OF THE CHILD HYGIENIST, by Martha M. Eliot, M. D. American Journal of Public Health, vol. 28, no. 5 (May 1936), pp. 489-505. Reprints available from the Children's Bureau, Washington.

This and other papers read before the Vital Statistics Section of the American Public Health Association at its meeting in Milwaukee in October, 1935, are grouped together in the Journal under the heading, "Consumer Demand for Vital Statistics."

NEW PATHWAYS FOR CHILDREN WITH CEREBRAL PALSY, by Gladys Gage Rogers and Leah C. Thomas. Macmillan Co., New York, 1935. 167 pp.

"Statistics of surveys of crippled children show that the group with cerebral palsy is second in size, infantile paralysis being first," states the preface. The book describes the methods used at Robin Hood's Barn, a camp school for children with cerebral palsy, to develop motor coordination in children of normal mentality handicapped through cerebral birth injuries. Miss Rogers is the director of Robin Hood's Barn.

Release from feelings of strain, insecurity, and fear is given as the first step. At the school, adaptation of the environment to provide security and promote relaxation is accompanied by indirect methods of training through playing "store" and "house," as well as Robin Hood plays, and through rhythm and music, painting and modeling. Games are encouraged which involve hand and finger motion and even taking a few steps across the room.

Specially adapted chairs, tables, and supporting devices are pictured, and one chapter is given to a consideration of the problems of the parents of these children.

EYE HEALTH PRIMER FOR NURSES, by Francis Baird Crocker, R.N. Sight Seeing Review, vol. 6, no. 1 (March 1936), pp. 33-49. (Also issued as a reprint.)

An outline on "eye health" for the guidance of nurses, whether school, public-health, private-duty, or hospital nurses. The "primer" contains sections on prenatal and postnatal care, testing of vision acuity, deviations from normal sight, eye accidents, explanation of some of the eye conditions causing blindness, and other subjects.

CHILD LABOR

CHILD-LABOR LEGISLATION

Child-Labor Amendment 1936

Resolutions to ratify the child-labor amendment were introduced in four State legislatures early in the season. In New York hearings were held before the Senate Judiciary Committee on March 31, at which Mayor LaGuardia and representatives of a number of organizations, including the Catholic Citizens' Committee for Ratification of the Amendment, appeared in favor of ratification. The Assembly committee killed the bill by voting not to report on February 25; and the Senate committee voted adversely on the bill on May 6.

In Massachusetts hearings on the resolution to ratify the amendment were held March 4. The bill was reported out but was defeated in the House on March 13.

In Mississippi the House committee voted favorably 5 to 2 on a resolution to ratify, but on March 3 the amendment was defeated in the House by a vote of 99 to 24. The Senate committee reported adversely the resolution to ratify, on February 13.

In Rhode Island a resolution to ratify was sent to committee February 6, but no action was taken.

Poll of Public Opinion

In a recent Nation-wide poll on the child-labor amendment, 61 percent of the replies were in favor of ratification. The ballots were sent to more than 130,000 voters, representing a cross-section of American opinion.

"If the child-labor amendment were officially submitted to the people for ratification," comments Dr. George Gallup, Director of the American Institute of Public Opinion, which conducted the poll, "45 States would probably vote 'yes,' only 3 'no,' according to the results of the poll."

The 16-Year Minimum Age

The first legal prohibition of the employment of minors under 16 in factories in the United States is found in a Montana law passed in 1907 which fixed a minimum age of 16 for work in mines or in factories or other places where machinery is operated. At that time a minimum age of 14 years was becoming generally recognized as a reasonable standard for child-labor laws, but many States had lower standards.

In 1918, at the Conference on Standards for Child Welfare called by President Wilson, a minimum age of 16 was advocated for general employment. However, only one State, Ohio, adopted this minimum within the next decade. In 1930 the White House Conference on Child Health and Protection again urged this standard. Influenced, perhaps, by the surplus of adult labor due to the economic depression, two other States, Utah and Wisconsin, early in 1933 raised their minimum age to 16, making, with Montana and Ohio, a total of four. Under the NRA, 16 years was adopted as the minimum age for employment in practically all the industries operating under the National Industrial Recovery Act. The general acceptance of this standard by industry showed that the adjustment was practicable, and while the NRA was still in effect three additional States, New York, Connecticut, and Pennsylvania, adopted the 16-year minimum by State law. Rhode Island in 1936 became the eighth State to set this standard.

State Legis- lation

Rhode Island this year made important advances in the standards of its child-labor legislation. In addition to adopting the general 16-year minimum age (see above) it established a 40-hour week for minors under 16, the first 40-hour week for children set by State law in this country. Children between 14 and 16 may

work outside school hours but not in manufacturing and mechanical establishments. The school-attendance law is amended so that children of 15 may no longer be employed during school hours, and the provision for employment certificates for such work is therefore eliminated (H 568). A 9-hour day and 48-hour week is established for minors of 16 and 17 years, and for all females in manufacturing, mercantile, or business establishments, with a 9 3/5-hour day permitted to make a 5-day week (H 514). Formerly there was a 10-hour day, 54-hour week for women and girls over 16 and no regulation for boys of 16 and 17 years. An amendment to the compensation law provides that double compensation shall be paid in case of injury to a minor illegally employed (H 510); formerly such minors were excluded from the coverage of the Act.

Virginia. A bill sponsored by the State Labor Department, the State League of Women Voters, and the Consumers' League to establish a minimum age of 16 for general employment, with regulation to 18 years was introduced in 1936. Only a few minor amendments, however, were passed. The minimum age for work in a limited list of hazardous occupations was raised from 16 to 18, with the addition of a few new occupations; a badge requirement was established for newspaper-carrier boys; and the provision of the law regarding theatrical performances, previously prohibited for girls under 18 and boys under 16, was liberalized to allow children of any age to appear on permit in nonprofessional amateur performances not more than once a week.

English
Education
Bill

The new education bill, a Government measure introduced in Parliament last December, passed the House of Commons on May 27, 1936, and went before the House of Lords. It provides for raising the school-leaving age from 14 to 15 years with exemptions in cases where local

authorities are satisfied that the employment will be beneficial to the child, and in cases of children 14 years of age employed at home, if hardships would otherwise result.

These exemptions have been criticized both by supporters of the Government and by the opposition. Among the objectors is the London County Council Education Committee which recently reported that the exemptions would largely defeat the objectives of the bill unless provisions were made for maintenance allowances for children attending after the term in which they became 14.

The question of raising from 14 to 15 the age at which children may leave school for work has been under consideration in England for many years. The Fisher Act, passed in 1918, set this age at 14 but allowed local education authorities to advance it to 15, and this has been done in a few areas. Even in these areas, however, exemptions have been common, and no change has been made in the mandatory provision of the law.

In the summer of 1935 a widespread demand for action to raise the school-leaving age crystallized in the organization of a "School Age Council." This was a comprehensive group, of which the chairman was John Buchan, then representing the Scottish Universities in Parliament, now Lord Tweedsmuir and Governor General of Canada.

After an investigation of conditions in places where the age had been raised to 15, the council reported that the children had benefited in every way by the extra year at school; that for anything but so-called blind-alley occupations children leaving at 15 were preferred by employers to those leaving at 14; and that a general measure raising the age of compulsory attendance at school to 15 was greatly to be preferred to by-laws with exemptions.



UNITED STATES SUPREME COURT DECISION ON MINIMUM-WAGE LAW

The Court of Appeals of New York on March 3 held the minimum-wage act passed by New York in 1933 invalid, so far as it applied to women, as being in violation of both the State and Federal Constitutions. On the same day, a minimum-wage act almost identical in language was passed in Rhode Island. The New York act was immediately taken up to the United States Supreme Court, six States with similar laws joining in the appeal. Arguments were heard April 28 and 29.

On June 1, the Supreme Court, by a 5 to 4 decision, declared the law unconstitutional so far as it related to mandatory minimum-wage rates for adult women. The court relied on its decision handed down 13 years ago in the Adkins case, which declared invalid the District of Columbia minimum-wage law. The District of Columbia law had guaranteed a wage fixed solely on the cost of living, whereas the New York law before the court added another standard--the fair value to the employer of the services rendered. The Court stated that the differences between the two laws did not make the cases distinguishable and that both laws abridged the liberty of contract between employer and employee protected by the due-process clause.

Chief Justice Hughes, in his dissent, in which he was joined by Justices Brandeis, Stone, and Cardozo, expressed his opinion that because of the additional standard of fair value of the services rendered, the court was not bound by its decision in the Adkins case, and that he found nothing in the Federal constitution which "denies to the State the power to protect women from being exploited by overreaching employers through the refusal of a fair wage."

Justice Stone, with Justices Brandeis and Cardozo, while agreeing with the Chief Justice, gave a separate opinion dissenting from the majority on the additional ground that the liberty of contract guaranteed by the Constitution is not a freedom from all law, but is a freedom which may be restrained by a statute passed in the public interest.

Minimum-wage provisions relating to minors are not affected by the decision.

On June 23, New York State asked the Supreme Court for a rehearing on the decision, on the ground that the circumstances called for a reconsideration of the Adkins case.

INDUSTRIAL HOME WORK

New York State

The first industrial home-work order under the 1935 New York State Home Work Act was issued in May by the Industrial Commission. It prohibits the giving out of home work in the men's and boys' clothing and merchant-tailoring industries except that in the merchant-tailoring industry home workers who have reached the age of 60 years, who are physically incapacitated for shop work, and who have been accustomed to earning their living at home work, may be certified by the Department to continue such work.

New Rhode Island Law

Rhode Island has passed a law, effective June 1, requiring employers and home workers to obtain licenses from the direc-

tor of the State department, permitting home work only under specified conditions and prohibiting the use of children under 16 on home work.

Children's Bureau Study

The Children's Bureau in cooperation with the Women's Bureau recently completed a study of industrial home work in five selected industries in which such work was prohibited under the NRA codes. This study supplements a previous survey made by the two Bureaus dealing with home work in industries in which it was permitted under the codes. The purpose of the study just completed was to learn how manufacturers had adjusted to the abolition of home work, the extent to which home workers had been transferred to factories,

and the attitudes of both manufacturers and home workers toward the transfer once it had been effected. Four States were visited: New York, Pennsylvania, New Jersey, and Rhode Island. The following industries were covered: Men's clothing, tags, men's neckwear, artificial flowers and feathers, and medium- and low-priced jewelry.

Chicago Study

A report of a study directed by Ruth White while on leave from the Children's Bureau in 1934 appeared under the title "Industrial Home Work in Chicago," Social Service Review for March, 1936. Interviews with workers in 682 Chicago homes revealed that of a total of 1,407 workers 118 (7 percent) were under 14 years of age.

THE SUGAR-BEET FIELDS IN 1935

Under the AAA for the first time a general regulation of child labor in the production of sugar beets was made possible. A survey of the status of child labor in certain sugar-beet districts was made by the Industrial Division of the Children's Bureau in 1935, the first year in which the production-control contracts were in force in the industry.

Eleven beet-raising communities in 6 States were visited, and 949 families working on beet contracts for 1935 were interviewed, of whom 757 had 1,876 children between 6 and 16 years of age. Of these fam-

ilies, 648 had worked in beets during 1934. At that time these families had 1,725 children in the same age group. A significant decrease in the employment of children was found, particularly in the lower age group. The survey showed that of children between 6 and 12 years of age, 1 in 4 worked in beets during 1934; but only 1 in 11 in 1935, a reduction of two-thirds in one year. The reduction for 12- and 13-year-old children, while less drastic, was marked; about one-half were working in 1935 as compared with five-sixths in the previous year, a decrease of about one-third.

BOOK AND PERIODICAL NOTES

CHILD LABOR AFTER THE NRA WAS DECLARED UNCONSTITUTIONAL. Children's Bureau, U.S. Department of Labor, Washington, March, 1936. Available in mimeographed form from the Children's Bureau.

Reports received by the Children's Bureau for the last 7 months of 1935, after the protective provisions of the codes were removed, showed that the total number of 14- and 15-year-old children receiving employment certificates in the 7-month period was 55 percent larger than the number receiving certificates during the 12 months of 1934, when the NRA was in effect, in the 12 States and 107 cities in other States for which reports were received for both periods. In round numbers, nearly 12,000 boys and girls of 14 and 15 years received certificates in the 7 months after the protective provisions of the codes were removed, in comparison with about 7,500 during the entire year of 1934.

Occupational Index. National Occupational Conference, New York, vol. 1, no. 1 (January 1936).

Current magazine articles and books on occupations are indexed in this new monthly publication, making it a useful source for occupation descriptions and information on vocations. The April issue lists and summarizes 49 titles.

YOUTH ON RELIEF IN NEW YORK CITY, by Ellen Nathalie Matthews, Research Bureau, Welfare Council of New York City. Better Times, vol. 17, no. 35, (June 1, 1936). pp. 24-25.

This preliminary statement of facts from the Welfare Council youth study estimates the number of unemployed youth between 16 and 25 years of age on relief in the five boroughs at about 176,000. Of these, between 94,000 and 100,000 are unemployed.

"Unemployed young people on relief suffer from all the disadvantages that characterize unemployed youth as a whole, but in a more aggravated form. Their more limited education and training, the longer time they have been out of work, the larger proportion of their time which has been spent in idleness, all increase the difficulties of working out a constructive program for this group."

The January 6, 1936, issue of Better Times contained a report of the school and employment status of the young people covered by this study.

HANDBOOK ON THE FEDERAL CHILD LABOR AMENDMENT. Revised, May 1936. National Child Labor Committee, New York, 1936. 63 pp.

DIVISION OF LABOR STANDARDS, U. S. Department of Labor. Labor Administration Survey.

Contains current news of State and Federal action on health, safety and employment standards, including information on child labor and minimum-wage legislation. No. 1 appeared in March, 1936, No. 2 in April and No. 3 in May.

----- Digest of Principal State Labor Legislation enacted in 1935, as reported to September 15. Washington, 1935. 61 pp.

----- Some Rules for the Safeguarding of Hazardous Machinery. Washington, 1936. 15 pp. and illustrations.

The 56 illustrations show the various types of guards, railings, and other devices used for the protection of workers. The text explains the application of the devices.

----- Discussion of Labor Laws and Their Administration; Proceedings of the Twentieth Annual Convention of the International Association of Governmental Labor Officials, Boston, Massachusetts, September 27-29, 1935. Bull. No. 1, Washington, 1935. 166 pp.

----- Discussion of Industrial Accidents and Diseases; Proceedings of the 1935 Convention of the International Association of Industrial Accident Boards and Commissions, Boston, Mass., September 24-27, 1935. Bull. No. 2, 1935. 282 pp.

OUT-OF-SCHOOL MINORS 16 and 17 IN PENNSYLVANIA, by Ethel Hanks Van Buskirk and Hugh Carter. Publication No. 110. Public Education and Child Labor Association of Pennsylvania, Philadelphia, 1935. 42 pp.

CHILDREN AND YOUNG PERSONS UNDER LABOUR LAW. International Labour Office Studies and Reports, Series I (Employment of Women and Children), No. 3. Geneva, 1935. 342 pp.

A concise account of the laws relating to the employment of children and young persons in the member States of the International Labour Office throughout the world, so far as those laws were known to the Office on January 1, 1935. The greater part of the report is devoted to comparative tables showing the more important details of the national laws of the different countries.

A bibliography is added containing lists of the publications of the International Labour Office, the International Conventions, and the laws of the various countries relating to the employment of children and young persons.

SOCIALLY HANDICAPPED CHILDREN

"INSTITUTIONAL TREATMENT OF DELINQUENT BOYS"

The treatment for delinquency is compared to the attempt to "cure" tuberculosis, in a study of 751 delinquent boys recently issued by the Children's Bureau. ^{1/}

"Treatment in a sanitarium . . . consists largely of measures designed to build up the patient's natural strength and resistance and so to arrest the progress of the disease. . . . But the ultimate successes and failures of the treatment depend largely on factors entirely beyond the control of the sanitarium authorities."

Thirty-five percent of the boys located and interviewed, all of whom had been discharged from institutions for delinquents at least five years before the study was made, seemed to have failed to make the hoped-for adjustment to community life, and the adjustment of an additional 33 percent was of doubtful character. Part 1 of the report, issued a year ago,

described the plants and programs of the five State institutions, in which the study was conducted.

"What needs to be done cannot be done by mass treatment," the report concludes. Housing the boys in small enough cottage units to resemble wholesome family life is recommended, so that all kinds of experiences incidental to cottage life can be used to build up habits of living which will carry over into the boys' lives after release. Similarly, the vocational-training and recreation programs, it is pointed out, should offer highly diversified activities, and should be planned to carry over and be of service to each boy after he is discharged. Finally, it is recommended that an attempt should be made to study and improve the family situation in which the boy's difficulties developed before he returns to face the readjustment to community life.

CURRENT RESEARCH

Foster-Home Placement

A summary of legislation on interstate placement of children for care in family homes is being made by the Social-Service Division of the Children's Bureau. This shows that legislation has changed but little in the past decade, although improved standards in foster-home placement and supervision, and an increased understanding of the needs of children on the part of the public have operated to decrease long-distance placement during recent years. In order to interpret the value of these laws the Children's Bureau is investigating some of the problems involved in their administration. A brief

report on the laws and their administration will be issued as soon as the study of administration is completed.

Adoption Study

The Children's Bureau has in progress an analysis of all legislation for the protection of children under care away from their own homes and a study of adoptions. The adoption study will include an analysis of problems in about 2,000 adoption cases and evaluation of the services and procedures of State departments which have been given responsibility for the social investigation in connection with adoption petitions.

^{1/} Institutional Treatment of Delinquent Boys; part 2, a study of 751 boys, by Alida C. Bowler and Ruth S. Bloodgood. Children's Bureau Publication No. 230. Washington, D.C. 1936. 149 pp.

BOOK AND PERIODICAL NOTES

A. Children in Need

THE A B C OF FOSTER-FAMILY CARE FOR CHILDREN. Publication No. 216. Children's Bureau, U.S. Department of Labor, Washington, D.C., 1936. 48 pp.

Originally published in 1929 by the bureau of children of the Pennsylvania Department of Welfare, this pamphlet was first issued by the Children's Bureau in 1933. In response to a continuing demand it is now reissued with some revision.

CHILDREN UNDER INSTITUTIONAL CARE AND IN FOSTER HOMES -- 1933. Bureau of the Census, U. S. Department of Commerce, 1935. 125 pp.

Covers dependent and neglected children under the care of public and private institutions or agencies, not including juvenile delinquents.

DEPENDENT CHILDREN UNDER CARE OF CHILDREN'S AGENCIES; a review of the census findings, by Agnes K. Hanna. Social Service Review, vol. 10, no. 2 (June 1936), pp. 243-263. Reprints available from the Children's Bureau, Washington, D.C.

A summary of the findings of the Bureau of the Census report listed above. Salient points are the increase in boarding-home care and the decrease in free-home care during recent years and the large number of children supported from public funds. The information obtained shows that from one-half to two-thirds of the children had no parental home to which they could be returned.

STANDARDS FOR FOSTER CARE OF CHILDREN IN MARYLAND. Maryland State Conference of Social Welfare. Baltimore. (undated) 48 pp.

A number of State welfare agencies have become interested in developing standards of care for children in foster homes. One of the most recent publications along this line is the present study, undertaken by a committee of the Children's Council (Lavinia M. Engle, Chairman) of the Maryland State Conference of Social Welfare.

ANNUAL TRENDS IN CERTAIN FIELDS OF SERVICE, 1929-35. Social-Statistics Bulletin, vol. 4, no. 1 (May 1936), pp. 2-8.

Contains charts showing the percentage changes year by year in the number of children cared for in 189 urban institutions; 109 urban day nurseries; and under care in foster homes by 75 urban agencies, prepared by the Social-Statistics Division of the Children's Bureau. Single copies available from the Children's Bureau, Washington, D.C.

THE MENTAL HYGIENE IMPLICATIONS IN SUBSTITUTE PARENTAL CARE, by Sybil Foster. Mental Hygiene, vol. 20, no. 2 (April 1936), pp. 205-217.

Suggestions for foster-home placements, by the field secretary of the Child Welfare League of America.

INTER-AGENCY RELATIONSHIPS IN CHILD PROTECTION, by Helen W. Hanchette and Marjorie Boggs. Child Welfare League of America Bulletin, vol. 15, no. 4 (April 1936), pp. 1; 6.

This and the preceding number devote much space to child protection.

B. Delinquency and Its Prevention

JUVENILE DELINQUENTS IN PUBLIC INSTITUTIONS, 1933. Bureau of the Census, U.S. Department of Commerce, Washington, D.C., 1936. 62 pp.

Differences between the 1923 and the 1933 census of juvenile delinquents in scope, method, and completeness detract from the value of any comparisons, as the report points out. However, the ratio of juvenile delinquents in 129 public institutions per 100,000 total population on January 1 was 22.8 in 1923; in 1933, in 145 institutions, the ratio was 24.4. The ratio of those received in institutions during the year rose from 15.5 to 20.2.

The number received in 1933 per 100,000 of the total population was more than 2½ times as high for Negroes as for whites, and nearly twice as high for "other races" as for whites.

Considerably more than one-half of the juvenile delinquents received from the courts during 1933 were 14 and 15 years of age.

JUVENILE-COURT STATISTICS AND FEDERAL JUVENILE OFFENDERS, 1933. Publication No. 232. Children's Bureau, U.S. Department of Labor, Washington, D.C., 1936. (In press.)

YOUTH AND CRIME, by Clyde A. Tolson. Vital Speeches (Fortnightly), City News Publishing Co., New York, April 20, 1936, pp. 468-472.

An address delivered before the Iowa State Teachers' Association, April 3, 1936, by the assistant director of the Bureau of Investigation, United States Department of Justice. Discusses the size of the problem; vicious influence of politics; abuse of probation and parole; and describes the work of the Bureau of Investigation.

THE JUVENILE COURTS, by Grace Abbott. Survey Midmonthly, vol. 72, no. 5 (May 1936), pp. 131-133.

BOYS OUT OF INSTITUTIONS, by Katharine F. Lenroot. Survey Midmonthly, vol. 72, no. 5 (May 1936), pp. 139-140.

RE-EDUCATIVE ACTIVITY FOR DELINQUENT YOUTH, by S. R. Slavson and Harry M. Shulman. Jewish Social Service Quarterly, vol. 12, no. 4 (June 1936), pp. 381-389.

The authors are director of re-education and director at J.B.G. Hawthorne-Cedar Knolls School.

ORGANIZATION OF JUVENILE COURTS AND THE RESULTS ATTAINED HITHERTO. Child Welfare Committee, League of Nations, in collaboration with the International Penal and Penitentiary Commission. Series of League of Nations Publications, IV. Social 1935. Geneva, December 20, 1935. 151 pp.

Questionnaire sent to the Governments, pursuant to the proposal of the Child Welfare Committee at the 1930 session of the League of Nations, and replies from 37 countries, including the United States of America.

SOCIAL AND RELIEF STATISTICS

On July 1, negotiations were concluded for transferring the responsibility for continuing the monthly relief statistics, which the Social-Statistics Unit of the Children's Bureau has been carrying since 1932, to the Bureau of Public Assistance of the Social Security Board.

The Children's Bureau will continue the collection and publication of material on current social statistics for the 44 cities now in the registration area.

The monthly bulletin giving changes in types of public and private relief which contains the data for May 1936 will be issued by the Children's Bureau; the bulletin containing data for June, completing the fiscal year, will be published jointly by the Children's Bureau and the Social Security Board. In the future, monthly relief statistics will be published by the Social Security Board.

INTERNATIONAL AND FOREIGN NOTES

CHILD-WELFARE MEETINGS IN PARIS AND GENEVA

By Katharine F. Lenroot,
Chief, Children's Bureau

At a meeting of the League of Nations Advisory Commission for the Protection and Welfare of Children and Young People, sitting as a Government Body in Paris, April 15-17, a report to the Council of the League of Nations on reorganization of the Commission was drafted and adopted unanimously.

The principal changes contemplated are as follows: (1) The function of a single Advisory Committee on Social Questions in place of the Commission which has functioned through two committees - the Committee on Traffic in Women and Children and the Child Welfare Committee; (2) increasing the number of Governments represented (the present number is 15); (3) appointment of assessors (representatives of voluntary organizations) for particular items of the program instead of for general service, and maintaining continuous relationships with voluntary organizations through inviting them to serve as correspondent or associate members. It was the opinion of the committee that more adequate staff would be required if the new committee is to function with maximum effectiveness.

Following the Paris meeting the Commission convened in Geneva in regular annual session (the fifteenth to be held by the Committee on Traffic in Women and Children and the twelfth by the Child Welfare Committee), under the chairmanship of Dr. Estrid Hein of Denmark, a member of the Commission from the time it was first organized. Representatives of 15 Governments, assessors from a number of international voluntary organizations, and liaison officers from other organizations affiliated with the League of Nations were present. The principal subjects discussed

by the two committees were as follows: Methods of rehabilitation of prostitutes; prevention of exploitation of prostitution by third parties; plans for a conference of central authorities in the Middle and Far East having duties with reference to traffic in women and children, the conference to be held in Bandoeng, Java, in February 1937; methods of placing children in foster homes; the recreational aspects of the motion picture for young people; study of the problem of the neglected and delinquent child; reports of liaison officers of the Health Organization, with special emphasis on the mixed committee set up by the Council to study the whole question of nutrition in its health and economic aspects, and the International Labour Office, with special reference to unemployment among young persons and the possibility of raising the age of admission to gainful employment.

It was decided to place on the agenda for next year suggestions for broadening the scope of the work of the Child Welfare Committee, when in all likelihood the reorganization of the Commission will have been effected.

Four delegates from the western hemisphere participated in the work of the Commission: Charlotte Whitton, Executive Director of the Canadian Welfare Council; Katharine F. Lenroot; M. Enrique Gajardo of Chile; and M. Benavides of Uruguay. An expert from the United States, Edgar S. Dale, was present as a representative of the Payne Fund at the discussion of the motion picture. European and Eastern Governments represented included Belgium, Denmark, France, India, Italy, Japan, Poland, Rumania, Spain, Turkey, and the United Kingdom. The next session will convene April 15, 1937.

FOREIGN NOTES

MEXICOChild-Health Work

As part of an extensive health program, with particular emphasis on child health, which is now being carried out in Mexico, "Health Week" was held recently in Mexico City and other places. Examinations and simple treatment were given by physicians, psychologists, dentists, and nurses; baths and barber services were provided. A campaign against disease was conducted by means of popular lectures, posters, literature, and motion pictures; and instruction in personal hygiene, with practical demonstrations, was offered.

Itinerant school clinics have been established in Mexico City, for school children who live far away from the regular school clinics. These clinics consist of dental, ophthalmological, ear, nose, and throat divisions, and general clinic.

A National Institute of Child Psychology and Health has just been established in Mexico City under the National Department of Public Education. The main purpose of the Institute is to study the physical and mental characteristics of the Mexican school children and their social and educational problems, for use in the formulation of a scientific basis for public-school education. The institute also plans to study feeble-mindedness, difficulties of behavior, mental hygiene, and care of crippled children and to establish special classes for children who are unable to attend the regular schools. Training of child-welfare workers is also a part of the Institute's program.

(*El Universal*, Mexico City, May 13, 1936; *Boletín de la Oficina Sanitaria Panamericana*, Washington, April 1936.)

SPAINBoys' Club

A recently organized child-welfare society in Madrid (*Asociacion Auxiliar del Niño*) has opened the first children's library in Spain for boys and girls between 8 and 14 years.

The society has also established the first boys' club in Madrid. Although school attendance in Spain is required by

law, the number of schools is not sufficient and the law is not enforced properly, so that many children of school age spend their days in the streets. The club was established as a measure against the evil consequences of such a situation. The club, which is open several hours a day, has a library with a reading room, a room for games, music room, and workshop.

Plans are being made for a system of mental tests for the boys attending the club and for the employment of a social worker to visit the children's homes and their schools.

(*Boletín de la Asociacion Auxiliar del Niño*, Madrid, October 1935 and January 1936.)

SWEDENProposed Increase in Maternity Aid

The problem of increasing the amount of maternity aid paid from public sources to women of small means and of extending this aid to a larger number of women has been receiving much attention in Sweden. A bill has been presented by an official commission which worked on the problem a number of months. The bill provides that every woman, irrespective of her financial needs, be given a maternity premium of 75 kronor (\$18.20), and in addition that maternity aid amounting to a maximum of 300 kronor (\$72.80) be paid to women in needy circumstances. (*Tidskrift for Barnavard och Ungdomsskydd*, Stockholm, no. 2, 1936.)

SOVIET UNIONNational Conference on Child Health

A national conference on the care of the health of children and adolescents took place last March in Moscow.

Among the subjects discussed at the conference may be mentioned the following: methods for improving the work of the school physicians, training of child-health workers, selection of children to be sent to rest homes, sanitariums and similar institutions, and medical supervision over organized sports. (*Izvestia*, Moscow, March 27, 1936.)

EVENTS OF INTEREST

TEXAS EXHIBIT

The exhibit of the United States Department of Labor at the Texas Centennial Exposition in Dallas, which opened in June and will continue until the end of November, pictures the various problems facing the wage earner, and what the Department is doing with respect to them. As the central feature of the exhibit a huge mechanical man makes a speech every fifteen minutes on the subject of men and machines.

Dioramas and theatrical sets illustrate problems of housing, low wages and long hours, child labor, industrial relations, wages and payrolls, financial security for the worker, and industrial health, also the dangers and possible advantages to the worker of the mechanization of industry. Twenty brightly colored posters in a moving projector call attention to the safety and health hazards in industry as well as to the fact that many children are employed in hazardous occupations. A series of 20 colored maps lighted from behind includes maps showing infant- and maternal-mortality rates by States, child-labor standards, and other labor problems; also the status of State plans under the social-security program for children. A stereopticon lecture of 70 slides illustrates the work of each Bureau in the Department. There is also a mechanical book, each page of which as it turns displays the title page of one or more Department publications.

Among the leaflets prepared for free distribution at the exposition are folders entitled "Social Services for Children"; "The Crippled Child"; "Security for Children"; and "Child Labor." These are also available upon request from the Children's Bureau, Washington, D.C.

AMONG THE CONFERENCES

State and Territorial Health Officers

The Surgeon General's Conference of State and Territorial Health Officers met in Washington, April 13-16. This conference, which had been held informally in previous

years, is now required under the law by the terms of the Social Security Act.

Registration of Social Statistics

The conference of local supervisors of the registration of social statistics, held in Washington May 19-21, was attended by representatives from 41 registration areas in 25 States and the District of Columbia. At this conference Dr. Ewan Clague and Dr. Helen R. Jeter discussed the statistical reporting program of the Division of Public Assistance Statistics of the Social Security Board, and problems in reporting by group-work agencies were presented.

A meeting of the Advisory Committee of the Children's Bureau project on registration of social statistics was held in Atlantic City on May 24. By action of this committee Atlanta, Ga., Los Angeles, Calif., Dallas, Tex., and Boston, Mass., were accepted as registration areas. Wichita, Kan., and Baltimore, Md., were admitted as probationary areas. Berkeley, Calif., Sharon Pa., and Springfield, Ill., were discontinued. The total number of cooperating areas is now 44.

More than 500 agencies are now listed to report group-work activities on the report forms issued by the Social Statistics Division of the Children's Bureau.

Child Welfare Conference

On June 1 and 2 a conference on administration of child-welfare services was held in Washington under the auspices of the Children's Bureau. The Director of Public Welfare in each State was asked to send the person in charge of the program for child-welfare services as the delegate to this conference, or, in the event that such person had not been selected, to come himself or designate some other representative from his staff. There were delegates from 45 States and Hawaii. Previous to the beginning of the conference on June 1, a meeting of the Advisory Committee on Child-Welfare Services was held and a number of the members of the committee stayed through the meetings on Monday and Tuesday. On the afternoon of the second day, Secretary Perkins

spoke briefly, indicating her approval of the conference method as one of the most efficient ways to interpret objectives and points of view.

Pediatric Advisory Committee The Children's Bureau Pediatric Advisory Committee held its annual meeting at Bolton Landing, New York, on June 11, immediately preceding the meetings of the American Pediatric Society. Dr. J. H. Mason Knox, Chief of the Bureau of Child Hygiene of the Maryland Department of Health, is a new member of the advisory committee, appointed to succeed Dr. Hamill as representative of the Academy of Pediatrics.

Maternal and Child-Health Conference On June 6 and 7, a conference of State directors of maternal and child-health divisions was held in Washington. This was preceded on June 5 by an all-day meeting of the Advisory Committee on Maternal and Child Health.

National Congress of Parents and Teachers At the fortieth annual convention of the National Congress of Parents and Teachers held in Milwaukee, May 11-15, a section on mental hygiene, with Dr. Frances Gaw as speaker, brought out the close relationship between a child's mental health and his family environment. Parental agreement on training and discipline as one important factor in keeping the normal child mentally healthy and free from behavior problems was stressed. The 1937 convention will take place in Richmond, Va.

National Conference of Social Work At the sixty-third annual meeting of the National Conference of Social Work, in Atlantic City, May 30, Edith Abbott, Dean of the Graduate School of Social Service Administration at the University of Chicago, was elected president. She succeeds Monsignor Robert F. Keegan of New York. Other officers elected were Solomon Lowenstein,

first vice-president; T. Arnold Hill, second vice-president; and Dr. Ellen C. Potter, third vice-president. The central subject for discussion during the week of the conference was the social-security program and its administration.

Associated Country Women of the World The third triennial conference of the Associated Country Women of the World took place in Washington June 1 to June 8. The two previous conferences, in Vienna and Stockholm, had been attended by a few hundred women. Some 6,000 women from 23 countries attended the Washington conference. Methods of combatting the high death rate among women in childbirth were discussed and the Australian plan was described, under which members of the "flying doctors' squadron" respond by airplane to calls received over small wireless sets. More frequent check-up was urged on the health of country mothers, as well as children.

CONFERENCE CALENDAR

- July 6-9, American Home Economics Association, Seattle.
- July 12-17, International Conference of Social Work, London.
- July 13-16, American Dental Association, San Francisco.
- July 18-23, Third International Open-Air Congress, Bielefeld and Hanover, Germany.
- July 26-29, National Congress of Colored Parents and Teachers, Spelman College, Atlanta.
- August 2-5, National Congress of Catholic Charities, Seattle.
- August 16-22, National Hospital Association, Philadelphia.
- August 16-22, National Medical Association, Philadelphia.

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